

State of Michigan
Department of Civil Service
EMPLOYEE BENEFITS DIVISION
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909

DEPENDENT CARE SPENDING ACCOUNT ENROLLMENT FORM

Instructions: Complete this form to enroll in the Dependent Care Spending Account for the current calendar year. Sign and date the form, retain a copy for your records, and mail the completed form to the address above. Dependents are defined as children 12 years old or younger, and/or an incapacitated child or adult. **Midyear enrollment must occur within 30 days of the qualifying event; e.g., family status change, and be submitted with supporting documentation.**

EMPLOYEE INFORMATION				
PLEASE PRINT OR TYPE				
Name			Effective Date (Civil Service Use Only)	
Home Address			Work Phone	Ext.
City	State	Zip Code	Home Phone	
Social Security Number		Employee ID Number		
AUTHORIZED DEDUCTIONS				
Calculate only the amount needed to cover your <u>day care expenses</u> for services provided during the calendar year from January 1 to December 31. According to Federal Regulation, any money remaining in the account at the end of the year must be forfeited.				
Biweekly Amount \$	Times X	Pay Periods (1 to 26)	Equals =	Annual Amount \$
The biweekly deduction amount times the number of pay periods cannot exceed an annual amount of \$5,000 per family for a couple or single parent, or \$2,500 for married persons filing separately, per the IRS.				
<i>I authorize the State of Michigan to reduce my gross biweekly salary in the amount specified. I understand I am making a binding election for the entire plan year and authorize the State of Michigan to adjust my pay accordingly.</i>				
<i>I certify that:</i>				
1) <i>I have read the Flexible Spending Accounts Booklet.</i>				
2) <i>I understand the rules governing contributions and reimbursements, as described in the booklet.</i>				
3) <i>The information provided on this form is true and complete.</i>				
<i>I agree and understand that any misstatement or falsification of material facts will result in my removal from the Dependent Care Spending Account, may cause an IRS and/or state audit with possible additional tax, interest, and penalties, may result in civil and/or criminal prosecution, and may jeopardize my employment status with the State of Michigan.</i>				
Employee's Signature			Date	